

## **AHCCCS FFS INPATIENT HOSPITAL RATE UPDATE OCTOBER 1, 2008 - SEPTEMBER 30, 2009**

In accordance with Arizona Revised Statute (ARS) 36-2903.01, AHCCCS reimburses hospitals for inpatient hospital services based on a prospective tiered per diem methodology in which payment for each day of care is based on the level of care (tier) provided. Payment for each tier is comprised of two components, operating and capital. The operating component is a statewide average, and the capital component is a blend of hospital-specific and the statewide average.

**Pursuant to Laws 2008, Chapter 288, outlier cost thresholds for 2008-2009 are frozen at 2007-2008 levels.**

### **Statewide Weighted Average Tier Rates, Effective 10/1/07-9/30/09**

Maternity	\$1,478.49
NICU Level III	\$1,498.25
NICU Level II	\$1,268.12
ICU	\$2,955.49
Surgery	\$1,714.88
Psychiatric	\$ 936.02
Nursery	\$ 581.70
Routine	\$ 1,154.00
Routine Rehab	\$ 1,076.48

### **Hospital Claim Processing**

The processing of an inpatient claim is hierarchical. Each day is classified into **one** tier based on diagnosis, procedure, and/or revenue codes. Once the criteria are met within a tier for a particular day, the day is classified into that tier even if it meets the condition of a lower tier in the hierarchy. Inpatient claims may split across no more than two tiers per continuous stay. The attached hierarchy for tier assignment chart lists the qualifications for each tier, and the allowed tier splits.

### **Outpatient Hospital Fee Schedule**

Fee-for-service hospital outpatient services are reimbursed by the AHCCCS Outpatient Hospital Fees Schedule effective 7/01/2005 pursuant to ARS 36-2903.01(H).

**AHCCCS Hierarchy For Tier Assignment.**

<b>TIER</b>	<b>IDENTIFICATION CRITERIA</b>	<b>ALLOWED SPLITS</b>
<b>MATERNITY</b>	A primary diagnosis defined as maternity 640.xx - 643.xx, 644.2x - 676.xx, v22.xx - v24.xx or v27.xx.	None
<b>NICU</b>	Revenue Code of 175 for DOS before 10/1/95 AND the provider has a Level II or Level III NICU, or Revenue Code of 174 for DOS on, or after 10/1/ 95 AND the provider has a Level II or Level III NICU.	Nursery
<b>ICU</b>	Revenue Codes of 200-204, 207-212, or 219.	Surgery Psychiatric Routine
<b>SURGERY</b>	Surgery is identified by a revenue code of 36x. To qualify in this tier, there must be a valid surgical procedure code that is not on the excluded procedure list.	ICU
<b>PSYCHIATRIC</b>	Psychiatric Revenue Codes of 114, 124, 134, 144, or 154 AND Psychiatric Diagnosis = 290.xx - 316.xx. If a routine revenue code is present and all diagnoses codes on the claim are equal to 290.xx - 316.xx, classify as a psychiatric claim.	ICU
<b>NURSERY</b>	Revenue Code of 17x, not equal to 175 or 174.	NICU
<b>ROUTINE</b>	Revenue Codes of 100 - 101, 110-113, 116 - 123, 126 - 133, 136 - 143, 146 - 153, 156 - 159, 16x, 206, 213, or 214.	ICU